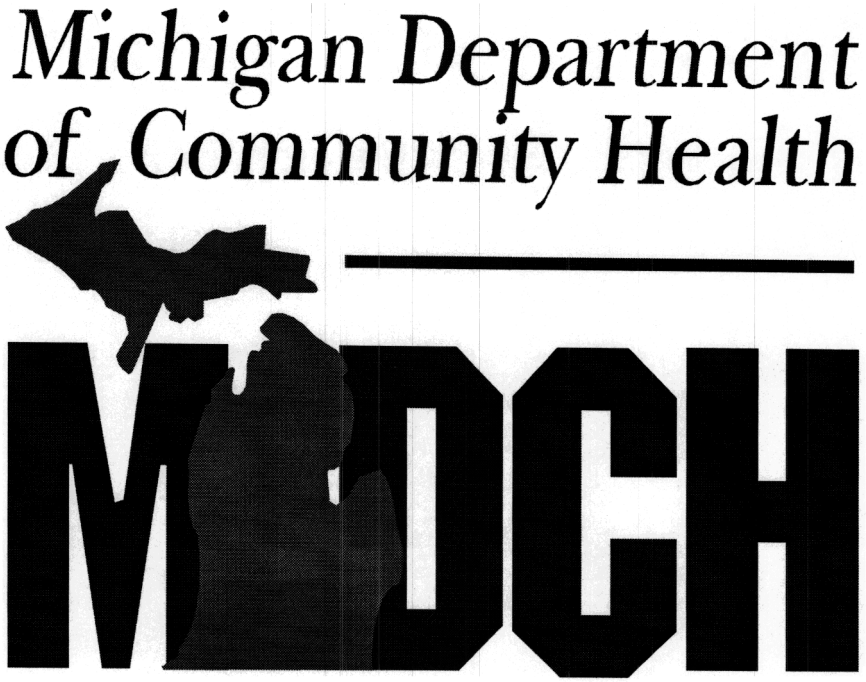

Health Programs Administration
Bureau of Mental Health, Substance Abuse and Long Term Care Programs

Public Act 519 of 2002, Section 408
Report to the Legislature

April 2003

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Health Programs Administration
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Public Act 519 of 2002, Section 408
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I. Introduction

The Michigan Department of Community Health/Health Programs Administration, Bureau of Mental Health, Substance Abuse and Long Term Care Programs, developed this report to meet the requirements of Public Act 519 of 2002, Section 408.

The language of Section 408 is as follows:

(1) By April 15, 2003, the department shall report the following data from fiscal year 2001-2002 on substance abuse prevention, education, and treatment programs to the Senate and House of Representatives Appropriations Subcommittees on Community Health, the Senate and House Fiscal Agencies, and the State Budget Office:

> Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency and subcontractor shall be reported.
>
> Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.
>
> Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.
>
> Collections from other first or third party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type

(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.

Sources of Information

Data used for Sections 408(a), 408(b), and 408(d) was submitted by Coordinating Agencies (CAs) and Salvation Army Harbor Light (SAHL) based on the department's request for information. The department issued instructions and reporting formats in December 2002. Basic instructions and procedures were the same as for the prior year's report. Selected data used for Section 408(c) requirements was based on results of special data requests from state and regional client data systems, performed by the department's Health Programs Administration, Division of Quality Management and Planning. The Department's Office of Drug Control Policy/Prevention Section prepared data on prevention services provided. Significant effort at local and state levels was made to provide complete and consistent data among agencies. Among these was the development of an automated error editing routine that would not allow a client admission record to be added to the state level database with recognized errors. It should be noted that differences in contracting by the CAs may impact the volume of data for treatment admissions and extent of financial information reported by providers through the CAs. This does not allow data to be compared with any certainty between CAs or within a CA where different contract types and data reporting practices are utilized.

II. Narrative information pertaining to Sections 408(a) and 408(d): expenditures and collections (sources, revenues or funding)

Financial information was requested from CAs and SAHL in spreadsheet format provided to them in order to obtain consistent information. This information consisted of funded provider site expenditure totals, identified by service type. This information was to be provided for each funded substance abuse provider licensed site, linked to client admissions data. Contacts were made to clarify what was submitted where data was incomplete or clarity was needed.

Submitted total expenditures, by CA, were checked for consistency with year-end Financial Status Reports to ensure that amounts were reasonable. Revenue sources reflected in the spreadsheet are: 1) BSAS, which consists of federal categorical and block grant funds and state appropriations with the exception of Medicaid and SDA; 2) Medicaid, which consists of Per Eligible Per Month (PEPM) payments; 3) SDA (State Disability Assistance), consisting of funds to support room and board for eligible individuals admitted to residential treatment; 4) fees, which includes insurance and self pay; 5) local, which includes but is not limited to PA 2 of 1986 funds (convention facility tax); 6) federal, directly received by the CA or providers; and 7) other, which consists largely of other state department funding. Contacts were made to obtain revised data when totals did not agree with Financial Status Reports (the basis for state reimbursement). For Medicaid, comparisons were made with year-end Substance Abuse Medicaid Managed Care Expenditures reports submitted by Community Mental Health Service Programs that contracted with CAs for the substance abuse Medicaid funds.

The required data for expenditures and revenues were combined into spreadsheets. The expenditures and revenues are identifiable by service type, which are: 1) CA administration; 2) access, assessment and referral services (formerly central diagnosis and referral); 3) treatment; 4) prevention, and 5) other. Treatment is further broken down into outpatient (OP), intensive outpatient (IOP), residential, detoxification (detox), and methadone.

The expenditure and revenue information for populations served is unavailable, as individual client financial information by population is not tracked. The collections from first and third parties information on populations served are also unavailable.

The spreadsheet for CA administration shows the administrative expenses for each CA. The administrative expenditures by provider are not reported and, therefore, are unavailable.

III. Narrative information pertaining to 408(b): expenditures per state client

Client admissions data was obtained from CAs and SAHL on spreadsheets. Department staff used spreadsheet software to merge provider and service category level financial and client admissions data to allow for subsequent calculations of costs per client admission by service type.

IV. Narrative information pertaining to 408(c): services provided

Access, Assessment and Referral Services (AAR)

The number of services for each AAR (formerly central diagnosis and referral, or CDR) represents the number of admissions reported. Each admission is the initial assessment of a client requesting substance abuse treatment. The initial assessment process includes determining the client's ability to pay, administering a standardized assessment instrument, establishing a diagnosis, determining the level of care required using American Society of Addiction Medicine Patient Placement Criteria, determining client preference for treatment admission, authorizing treatment and making a referral to the appropriate provider; and providing or referring for interim services, when required.

Each CA was required to report monthly during Fiscal Year 2002 all injecting drug users and pregnant women who were admitted to treatment or received interim services for each of the funded providers in its region. AARs must maintain an accurate count of the number of beds available in residential and the number of slots available in IOP and OP treatment. With the capacity information, the AAR can refer clients into treatment in a timely and efficient manner. The AAR conducts outreach at women's shelters, homeless shelters, emergency rooms and other places where those likely to be in need of substance abuse services are found. The AAR must coordinate its services with the local district courts in the initial assessment of clients that have been charged with drunk/impaired driving.

The expenditures for AAR services, although generally measured by the number of assessments completed, cover more services and duties than simply the assessment and referral of clients. This fact must be taken into consideration when reviewing the cost per client of those served by an AAR.

For AAR services, all clients are admitted and discharged on the same day they receive an initial assessment. Clients not immediately admitted to treatment may receive additional interim services.

Provider and Service Type

Treatment client admissions are reported for provider and service type. Monthly service activity records were reported for nearly all admitted clients. In a limited number of instances, admissions data are not available at time of completion of this report. Such instances are indicated as "NA". Prevention information is based on high-risk populations. High-risk populations are: (1) Children of substance abusers; (2) Pregnant women, teens; (3) Dropouts, academic failures; (4) Violent and delinquent behavior; (5) Mental health problems, suicidal; (6) Economically disadvantaged; (7) Physically disabled, chronic pain; (8) Abuse victims; (9) Those already using substances; (10) Homeless or runaway youth; (11) Children exposed prenatally to alcohol, tobacco and other drugs; and (12) Other, as defined by the CAs. The Office of Drug Control Policy/Prevention Section, utilizing reports completed by the CAs, collected the prevention information.

Length of Stay

The length of stay is calculated based on the time from admission to discharge for clients that have a discharge record with a discharge date on the state level database during the year. This length of stay data was produced for each service type statewide for mean and median values.

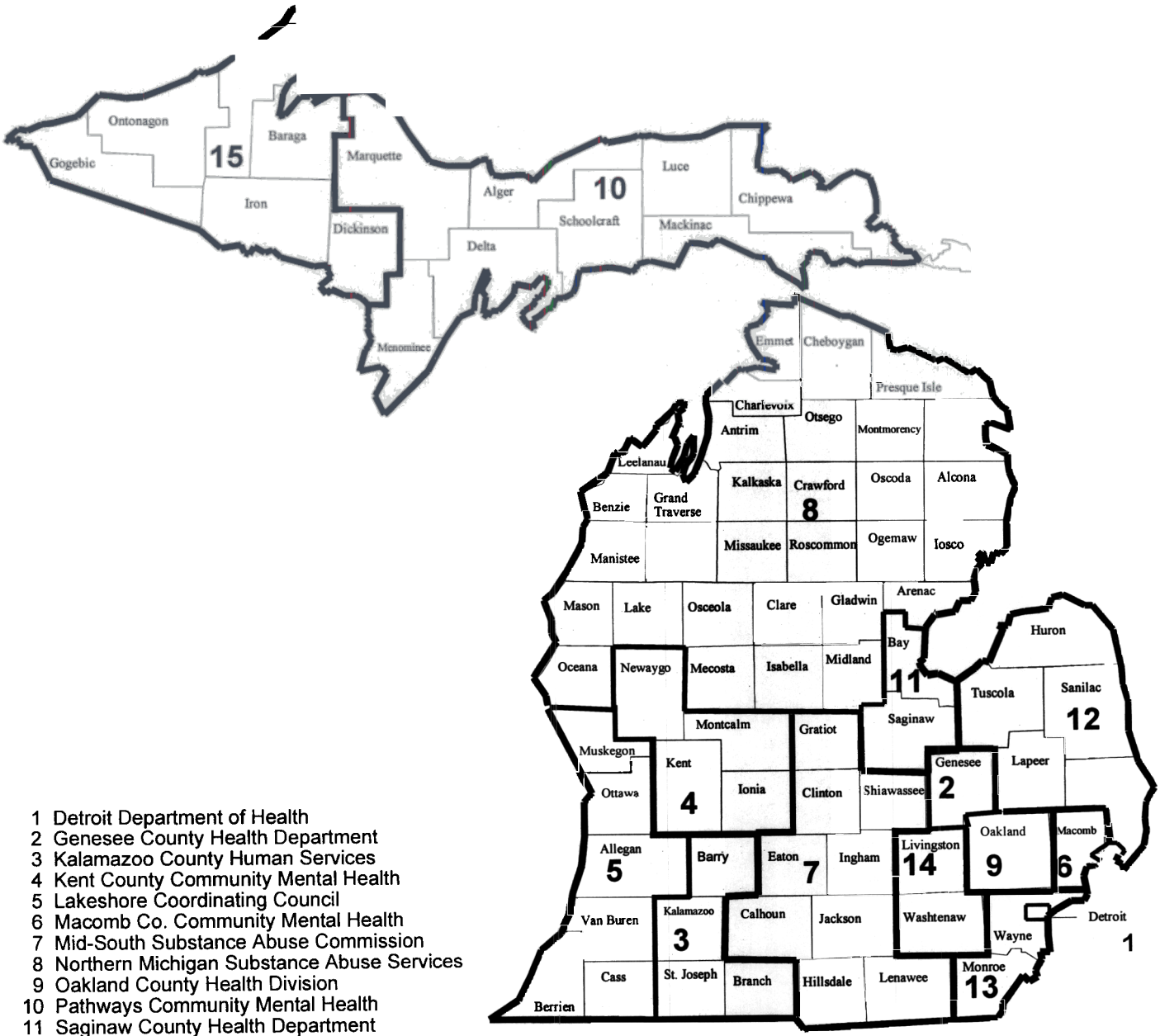
Referral Source

The referral source for all clients was taken from the information reported on the client treatment admission record.

Participation in Other State Programs

This type of data is not routinely collected. However, CAs collected data on January 21, 2003, from treatment providers to represent a snapshot for active clients. The information is shown as a statewide summary.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Coordinating Agencies Map, FY 2002



1 Detroit Department of Health
2 Genesee County Health Department
3 Kalamazoo County Human Services
4 Kent County Community Mental Health
5 Lakeshore Coordinating Council
6 Macomb Co. Community Mental Health
7 Mid-South Substance Abuse Commission
8 Northern Michigan Substance Abuse Services
9 Oakland County Health Division
10 Pathways Community Mental Health
11 Saginaw County Health Department
12 St. Clair County Health Department
13 Southeast Michigan Community Alliance
14 Washtenaw Community Health Organization
15 Western U.P. Substance Abuse Services Coordinating Agency

Section 408(a) Expenditure Reports